

FIGURE 1

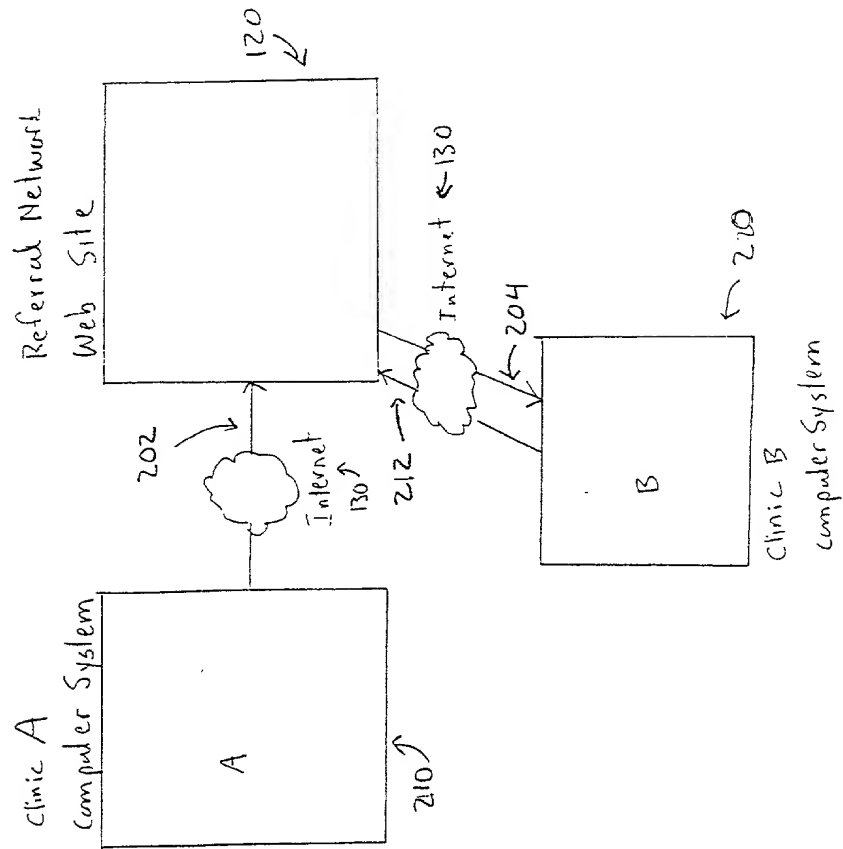


FIGURE 2

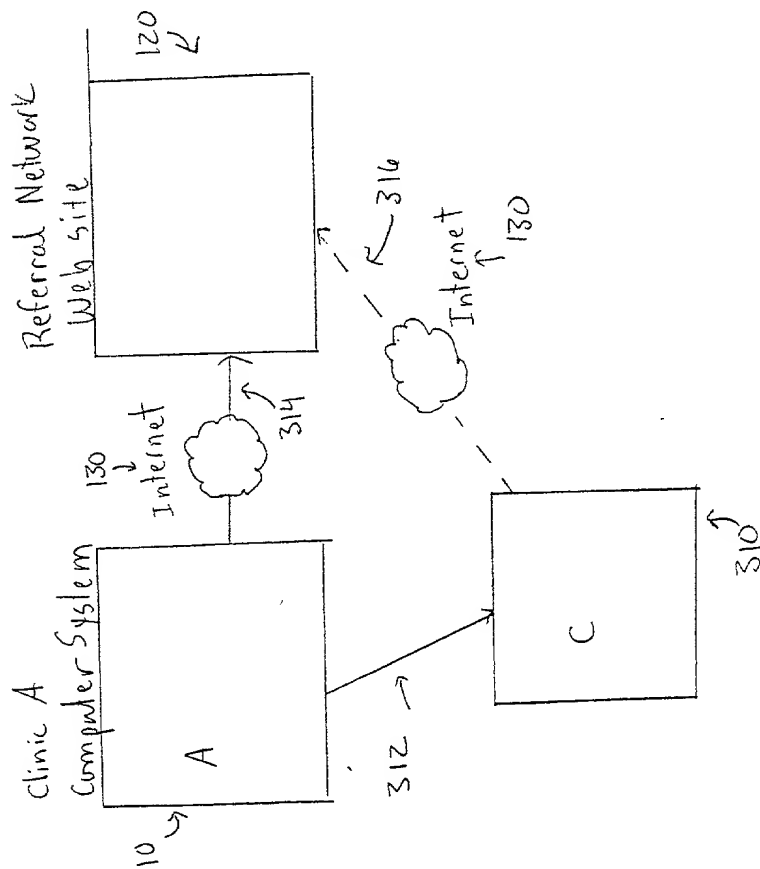


FIGURE 3

FALSIMILE COVER SHEET

TO: Dr. M. CHEN

FAX: 555-1212

Tel: 555-2121

← 405

FROM: DR. LAM  
HEALTH CLINIC  
SAN JOSE, CA

DATE: 4/29/2000

407  
↓

THE FOLLOWING REFERRAL LETTER WAS  
GENERATED AUTOMATICALLY USING THE  
iMEDICA.COM REFERRAL NETWORK SOFTWARE

- SAVE TIME
- SAVE MONEY
- STAY ORGANIZED

TO LEARN MORE ABOUT THE REFERRAL  
NETWORK SYSTEM AND SOFTWARE GO  
ONLINE TO

• iMEDICA.COM

FIGURE 4

# iMedica Physician Network



- Home ~ 570
- Patient Info ~ 546
- Physician Info ~ 565
- Change Profile ~ 562
- 563 ~ Clinic Info ~ 574
- Edit Template List ~ 564
- Submit Template ~ 561
- Change Password ~ 567
- Calendar ~ 572
- Support ~ 571
- 573 ~ Help ~ 572
- Log Off

- 542 ~ [Inbox](#)
- 550 ~ [New Letter](#)
- 546 ~ [Draft Letters](#)
- 544 ~ [Sent Items](#)
- 548 ~ [Deleted Items](#)

## Welcome to the iMedica Referral Network

Dr. Shettigar,

- You have 0 [New Referral Letters](#) from other physicians. 512
- You have 2 [Incomplete Referral Letters](#) from previous sessions. 514

If you are an iMedica PhysicianSuite user, you need to click [here](#) to set up the clinic information to access the PSManger database. 510

You are working from Vineetha Clinic clinic for this Session. If this is not correct, then please click the button below:

[Setup Clinic](#) 521

Dr. Shettigar  
Primary  
Account  
Vineetha  
Clinic

### How to Use this site:

Use the left and top panels to navigate throughout this site. The selected item will displayed on the right pane, or a pop-up window, if appropriate.

### As a sender, you can:

- [Create a new referral letter](#). 580
  - Save an unfinished referral letter.
  - Save and send a completed referral letter.
- [Edit an unfinished referral letter](#). 586
- [View the referral letters previously completed by you.](#) 584
- Delete letters you have sent.
- [Recover letters you have deleted.](#) 588
- Get Referral Authorization Number from the Payor.
- Have iMedica send your referral authorization request to the Payor.

### As a recipient, you can:

- [View the referral letters sent to you by other physicians.](#) 592
  - Reply with a short acknowledgement to the originating physician.
  - Reply to the originating physician with a full report.
  - Forward the referral to a third physician.
- Delete letters you have viewed.
- [Recover letters you have deleted.](#) 598

Figure 5



iMedica™

[Home](#)  
[Patient Info](#)  
[Physician Info](#)  
[Change Profile](#)  
[Clinic Info](#)  
[Edit Template List](#)  
[Submit Template](#)  
[Change Password](#)  
[Calendar](#)  
[Support](#)  
[Help](#)  
[Log Off](#)

Dr. Shettigar  
Primary  
Account  
Vineetha  
Clinic

# iMedica Physician Network

[Inbox](#) [New Letter](#) [Draft Letters](#) [Sent Items](#) [Deleted Items](#)

## Composing a New Referral Letter

**1. Patient Information:** ~ 610

~ 616

From Vineetha Clinic clinic. Click [Here](#) to Change.

~ 612

or ~ 614

[Look Up or Add Patient Information](#)

**2. Referring to Physician:** ~ 620 ~ 622

~ 624

or

[Look Up or Add Physician Information](#)

630

640

Figure 6



# iMedica Physician Network

[Inbox](#) [New Letter](#) [Draft Letters](#) [Sent Items](#) [Deleted Items](#)

[Home](#)  
[Patient Info](#)  
[Physician Info](#)  
[Change Profile](#)  
[Clinic Info](#)  
[Edit Template List](#)  
[Submit Template](#)  
[Change Password](#)  
[Calendar](#)  
[Support](#)  
[Help](#)  
[Log Off](#)

## Lookup or Add a Patient

[View Patient List from every Clinic](#)

Look Up a Patient:  (This clinic only)

Patient #:20000724114946 Clinic:Vineetha Clinic

\*First Name:

\*Last Name:

\*DOB (mm/dd/yyyy):

\*Sex: ☒ Female

\*Address1:

Address2:

\*City:

\*State:

\*Zip:

\*Phone:

Fax:

Email:

Patient From PSManger Are Not Updatable

[Delete This Record from iMedica](#)

[Write new referral letter](#)

Dr. Shettigar  
Primary  
Account  
Vineetha  
Clinic

Figure 7



iMedica™

Home  
[Patient Info](#)  
[Physician Info](#)  
[Change Profile](#)  
[Clinic Info](#)  
[Edit Template List](#)  
[Submit Template](#)  
[Change Password](#)  
[Calendar](#)  
[Support](#)  
[Help](#)  
[Log Off](#)

Dr. Shettigar  
Primary  
Account  
Vineetha  
Clinic

# iMedica Physician Network

[Inbox](#)   [New Letter](#)   [Draft Letters](#)   [Sent Items](#)   [Deleted Items](#)

## Composing a New Referral Letter

You are referring:  
Ms. New FemalePatient  
  
, CA 54356-3563

~810

To:  
DO New Physician D.O.  
954 San Rafael Ave.,  
Mountain View, CA 94043

~820

[Back to Re-Select Physician or Patient](#)

~830

**Found a draft letter. Work on it.**

~840

If you choose the options below, it will overwrite the draft letter.

[Select a chart note from database \(next page\)](#)

~840

[Start New Letter \(don't pull data from database\)](#)

~850

Figure 8A





# iMedica Physician Network

[Inbox](#) [New Letter](#) [Draft Letters](#) [Sent Items](#) [Deleted Items](#)

[Home](#)  
[Patient Info](#)  
[Physician Info](#)  
[Change Profile](#)  
[Clinic Info](#)  
[Edit Template](#)  
[Submit Template](#)  
[Change Password](#)  
[Calendar](#)  
[Support](#)  
[Help](#)  
[Log Off](#)

Select a chart note for composing the referral letter

Past Office Visits			
Select	Visit Date	Status	Assessment
<input type="checkbox"/>	843 View 11/29/00 Chart	Complete	250.03 C DIABETES MELLITUS WO COMPLICAT- TYPE I-UNCONTROL 250.72 C DIABETES W PERIPH CIRCULAT DIS- TYPE II-UNCONTROL

Dr. Shettigar  
Primary  
Account  
Vineetha  
Clinic

Select Chart Note Cancel

847

Figure 8B

Parameter	Value
$\beta_0$	0.000
$\beta_1$	0.000
$\beta_2$	0.000
$\beta_3$	0.000
$\beta_4$	0.000
$\beta_5$	0.000
$\beta_6$	0.000
$\beta_7$	0.000
$\beta_8$	0.000
$\beta_9$	0.000
$\beta_{10}$	0.000
$\beta_{11}$	0.000
$\beta_{12}$	0.000
$\beta_{13}$	0.000
$\beta_{14}$	0.000
$\beta_{15}$	0.000
$\beta_{16}$	0.000
$\beta_{17}$	0.000
$\beta_{18}$	0.000
$\beta_{19}$	0.000
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$\beta_{94}$	0.000
$\beta_{95}$	0.000
$\beta_{96}$	0.000
$\beta_{97}$	0.000
$\beta_{98}$	0.000
$\beta_{99}$	0.000

alopecia

**alopecia**

diffusely on the left

hypopigmented hair

ongoing

months ago

is incapacitating

## Monowood Type

mild

severe

increasing

### Environmental Factors

### Significant Medical Conditions

### Significant Medications

## Triggers

## Alleviating

## Exacerbation

### Pertinent Negatives

\*Pertinent Positives

**Allergy/Immunology** Normal (denies food allergies)

Constitutional Normal (denies fatigue, fever, insomnia, weight gain, weight loss)

No alopecia

Endocrine Normal (denies goiter, hyperglycemia, hypoglycemia)

Eyes Normal (denies eye pain, photophobia, vision change)

Figure 8C.

Gastrointestinal Normal (denies abdominal pain, constipation, diarrhea, gastroesophageal reflux)  
Genitourinary/Nephrology Normal (denies dysuria, nocturia, urinary incontinence)  
Hematologic/Lymphatic Normal (denies abnormal bleeding and bruising, anemia, lymphadenopathy)  
Musculoskeletal Normal (denies arthralgias, muscle weakness, myalgias)  
Neurologic Normal (denies dizziness, headache, syncope)  
Psychiatric Normal (denies anxiety, depression)  
Respiratory Normal (denies cough, dyspnea, wheezing)

PE

Neck

inspection of neck

\*Normal:

- normal size
- normal appearance
- no masses or lesions
- absence of swelling
- normal major salivary glands
- normal jugular venous pressure
- no carotid bruits

\*Masses:

- right
- firm

\*Major salivary glands:

- parotid gland
- nontender
- fluctuant

Assessment

250.03 C DIABETES MELLITUS WO COMPLICAT-TYPE I-UNCONTROL  
250.72 C DIABETES W PERIPH CIRCULAT DIS-TYPE II-UNCONTROL

Prescription

ACTAGEN TABLET [Sig:1 tablet; Qty:1; Ref:0; 11/29/2000- 12/02/2000]

Lab/Proc To Be Ordered

30300 - Removal foreign body, intranasal; office type procedure

Plan

Return After    Return After 1 Weeks.

Diet                Regular

[Return to Previous Page](#)

Figure 8D



iMedica™

# iMedica Physician Network

[Inbox](#)

[New Letter](#)

[Draft Letters](#)

[Sent Items](#)

[Deleted Items](#)

[Home](#)

[Patient Info](#)

[Physician Info](#)

[Change Profile](#)

[Clinic Info](#)

[Edit Template](#)

[List](#)

[Submit](#)

[Template](#)

[Change](#)

[Password](#)

[Calendar](#)

[Support](#)

[Help](#)

[Log Off](#)

## Referral Letter Composer

Patient: VERONICA AVILA, (DOB:3/25/63),

patient#=2000112112474799

\* indicates fields that could come from PSManager (Not Updatable\*)

Enter referral letter content below.

Select

Referral Authorization #:

902

\*\*Chief Complaint:

alopecia

Primary Diagnosis:

(ICD9 Code)

\*\*Last Visit Date:

11/29/00

Current Problem

Duration:

Select

choose an opening remark ☒ Referral ☐ Consult

Opening Remarks:

Please accept the referral of 38-year-old female VERONICA AVILA.

\*\*History of Present

Illness:

alopecia

\*Location

\*\*Past Medical History:

: Anemia

11/29/00: 250.72 C DIABETES W

\*Allergy History:

\*Family History:

\*\*Social History:

12/1/00:

MARITAL STATUS:

Travel History:

\*\*Vital Signs:

Weight: 150 LBs

Height: 5 ft 6 in

\*\*Physical Exams:

Neck

inspection of neck

Diagnosis:

250.03 C DIABETES MELLITUS WO  
COMPLICAT-TYPE I-UNCONTROL

Dr.  
Shettigar  
Primary  
Account  
Vineetha  
Clinic

Figure 9A

Treatment Plan:	30300 - Removal foreign body, intranasal; office type procedure	<input checked="" type="checkbox"/>
Lab Results:		<input type="checkbox"/>
Radiographic Results:		<input type="checkbox"/>
Medical Procedure:		<input type="checkbox"/>
Procedure Complication:		<input type="checkbox"/>
Procedure Site:		<input type="checkbox"/>
Procedure Result:		<input type="checkbox"/>
Biopsy Result:		<input type="checkbox"/>
Differential Diagnosis:		<input type="checkbox"/>
Additional Tests:		<input type="checkbox"/>
Test Results:		<input type="checkbox"/>
Treatment:		<input type="checkbox"/>
Follow Up:		<input type="checkbox"/>
Additional Information:		<input type="checkbox"/>
Closing Remarks:	Please assist me in the evaluation of VERONICA. I look forward to your	<input checked="" type="checkbox"/>

Preview with Template1 910  
Template2  
912

Figure 9B

Parameter	Value	Unit
$\mu_0$	0.000	mm
$\sigma_0$	0.000	mm
$\mu_1$	0.000	mm
$\sigma_1$	0.000	mm
$\mu_2$	0.000	mm
$\sigma_2$	0.000	mm
$\mu_3$	0.000	mm
$\sigma_3$	0.000	mm
$\mu_4$	0.000	mm
$\sigma_4$	0.000	mm
$\mu_5$	0.000	mm
$\sigma_5$	0.000	mm
$\mu_6$	0.000	mm
$\sigma_6$	0.000	mm
$\mu_7$	0.000	mm
$\sigma_7$	0.000	mm
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$\sigma_{48}$	0.000	mm
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$\sigma_{49}$	0.000	mm
$\mu_{50}$	0.000	mm
$\sigma_{50}$	0.000	mm
$\mu_{51}$	0.000	mm
$\sigma_{51}$	0.000	mm
$\mu_{52}$		

Date \_\_\_\_\_

Dear Doctor X:

I saw Mr./Ms. (patient's last name) on (date of last visit). He/she continued with (chief complaint) for the past (# of) days/months. On further discussion of his/her history of present illness, he/she continued with (history of present illness). He/she had a past medical history of (past medical history), a (drug allergies) drug allergy/ies with (drug allergies symptoms), a family history of (family history), a social history of (social history, to include cigarettes alcohol drugs), and a travel history of (travel history).

At present, it is apparent that Mr./Ms. (patient's last name) has the following differential diagnosis (differential diagnosis, as generated by the specialist). He/she was advised as to our opinion and the following additional (lab/radiograph/procedure) were performed, with the following results (results or pending). The following treatment was rendered (treatment, as generated by the specialist). Mr./Ms. (patient's last name) was scheduled a follow up appointment (date of next appointment) with me (or, advised to follow-up with you).

Sincerely,

Figure 10

FROM:

Dr. Albert Shen  
1206 N. Capitol Ave  
San Jose, CA 95132  
555-555-3237

TO:

Ming Chien  
223423 Oakcrest Ave.  
Cupertino, CA 95014  
650-960-6890 x505

January 5, 2001

Dear Dr. Ming Chien,

Please accept the referral of 38-year-old female VERONICA AVILA.

VERONICA last visited me on 11/29/00.

VERONICA continued with the following complaint: alopecia.

VERONICA's history of present illness is as follows:

alopecia:

It is located diffusely on the left. It is described as hypopigmented hair. Symptom is ongoing. Symptom started months ago. The Chief Complaint is incapacitating. The lesion is Norwood type VI (moderate frontal and vertex). The Chief Complaint is mild, and severe. The frequency of episodes is increasing. Symptom occurs in the context of no known associated factors. Pertinent medical conditions include radiation therapy. Recent medications include illegal drug ( ). Important triggers include cold. Symptom is alleviated by activity. Symptom is exacerbated by activity. Patient denies itching. Associated signs and symptoms include mastoid erythema.

VERONICA's past medical history is as follows:

Anemia

11/29/00: 250.72 C DIABETES W PERIPH CIRCULAT DIS-TYPE II-UNCONTROL ,  
11/29/00: 250.03 C DIABETES MELLITUS WO COMPLICAT-TYPE I-UNCONTROL

VERONICA's social history is as follows:

12/1/00:

Marital Status:

Not Specified, 0 children

Education Level:

Not Specified.

Drug History:

Tobacco: Current 1 Years

Alcohol: In Past 2 Years

Drugs: Not Specified.

VERONICA's last vital sign is as follows:

Figure 11A

Weight: 150 LBs  
Height: 5 ft 6 in  
BMI : 24  
TEMP: 98.6  
BP1: 140/ 80

VERONICA's last physical exam is as follows:

1) Neck : inspection of neck - \*Normal: normal size, normal appearance, no masses or lesions, absence of swelling, normal major salivary glands, normal jugular venous pressure, no carotid bruits, \*Masses: right, firm, \*Major salivary glands: parotid gland, nontender, fluctuant.

The diagnosis is as follows:

250.03 C DIABETES MELLITUS WO COMPLICAT-TYPE I-UNCONTROL  
250.72 C DIABETES W PERIPH CIRCULAT DIS-TYPE II-UNCONTROL

The treatment plan is as follows:

30300 - Removal foreign body, intranasal; office type procedure

Please assist me in the evaluation of VERONICA. I look forward to your feedback.

Sincerely,

Albert Shen, MD

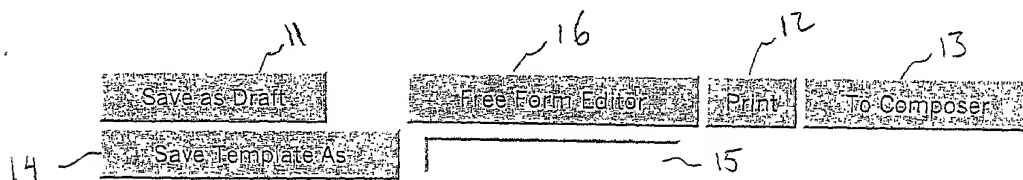


Figure 11 B



## Free Form Editor

To cancel Edit and go back to previous page

[Back](#)

After finished editing above, click here to

[Final Preview](#)

FROM:

Dr. Albert Shan  
1205 N. Capitol Ave Ste# 204  
San Jose, CA 95132  
408-251-3237

TO:

Ming Chien  
223423 Oakcrest Ave.  
Cupertino, CA 95014  
650-960-6890 x505

January 5, 2001

Dear Dr. Ming Chien,

Please accept the referral of 38-year-old female VERONICA AVILA.

VERONICA last visited me on 11/29/00.

VERONICA continued with the following complaint: alopecia.

VERONICA's history of present illness is as follows:

alopecia:

[Top of Page](#)

Figure 12